

XI. QUESTIONNAIRE

The release of the actual questions within the questionnaire could possibly result in irreparable damage to the study from an avoidable source of responder bias. Consequently, this section provides a summary of the general subjects to be covered on the questionnaire and a brief discussion of those specific areas that will receive particular emphasis.

The questionnaire will, of necessity, be lengthy, but it will be administered at a time convenient to the subject. Subjects who refuse to participate in a face-to-face interview will be encouraged to cooperate with modified questionnaires given by telephone. The questionnaire will verify personal identification data such as name, SSAN/AFSN, date of birth, address, telephone numbers, race, military status, effective date of status, location of military medical records, and marital history information. RVN tour information will be rechecked and expanded to include specific data such as date of tour, tour end date, AFSC, organization of assignment, PCS and TDY status, combat missions, and whether or not the tour was a RANCH HAND affiliated tour.

Pre- and Post-RVN exposure information, both occupational and avocational, to asbestos, radiation, herbicides, pesticides, and carcinogens will be elicited. Data concerning the frequency and duration of these exposures are very important. RVN exposure to these chemical and physical agents will also be collected.

Medical information obtained during this interview will include a statement of general health, smoking history, alcohol consumption history and long-term medication/drug use. In addition, questions dealing with infertility, birth defects of offspring, as well as the wife's obstetrical history (i.e., total conceptions, live births, miscarriages, stillbirths and premature pregnancies) will be obtained. A family history emphasizing cancer, heart disease, liver disease and inherited disorders in both the subject's and spouse's families will be collected.

A comprehensive medical inventory will be included emphasizing the neurologic, dermatologic, reproductive, and hepatic systems.

At the time of the physical examinations, each subject will be given a comprehensive face-to-face medical history which will expand and verify the health information that was obtained in the initial questionnaire and records review. An extensive review of systems will be covered at that time, including an extensive occupational and avocational exposure history.

Just prior to the time of follow-up adaptive physical examinations, a preliminary telephone contact will establish the subject's current health status and his willingness to continue participation in the study. Appointments for the follow-up examinations will also be arranged. Adaptive questionnaires will be given emphasizing those symptoms and systems that were found to be significantly associated with the exposed population on analysis of earlier study results. If the subject expresses a desire to cease participation at

this time, he will be encouraged to reconsider his decision, and the reasons for dropping out of the study will be sought. At the time of subsequent followup evaluations, subjects who have left the study will be given the opportunity to rejoin the study.